



CITY OF NEW CARROLLTON
ANNUAL COMMUNITY DAY EVENT
SATURDAY, SEPTEMBER 29, 2018

12:00 PM - 6:00 PM

VOLUNTEER FORM



Name (Printed): _____

Address: _____

Daytime Phone: _____

Cell Phone Number: _____ Email: _____

Emergency Contact: _____

Address: _____

Phone Number: _____

Community Day Event Contacts

Doug Barber and Aracelli Guzman

City@newcarrolltonmd.gov

301-459-6100 – Prior to Event Day

301-922-1265 – Event Day

Requirements for Volunteering

As a Volunteer, I agree to perform the Volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand as a Volunteer that there may be certain risks related to this activity. In consideration of my being allowed to participate in this activity, I hereby agree to release, save and hold harmless the City of New Carrollton and its elected officials, appointees and employees from and against any and all liability, damages, costs and fees of any kind, including attorneys' fees, for any harm or injury I or any minor in my care may incur as a result of my or our participation in this activity.

PLEASE CIRCLE THE TIME YOU WOULD LIKE TO VOLUNTEER

9:00 A.M. – 1:00 P.M.
1:00 P.M. – 6:00 P.M.
ALL DAY

Photographs and/or video may be taken by City representatives at the event. By signing below you consent to being photographed and grant full rights to the City to use those images resulting from the photography/video filming in printed and online sites, social media and press releases for publicity or any other purpose the City deems appropriate.

VOLUNTEER SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE (For all volunteers under the age of 18.)

(Print name of Volunteer under the age of 18, followed by signature of parent.)

DATE: _____

PLEASE FILL OUT BOTH SIDES OF THE FORM



VOLUNTEER FORM
VOLUNTEER SERVICE HOURS



DO YOU NEED STUDENT SERVICE (VOLUNTEER) HOURS?

YES _____ NO _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

WHY DO YOU WANT TO VOLUNTEER? _____

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW LINE

THE CITY OF NEW CARROLLTON CERTIFIES THAT THE ABOVE NAMED PERSON RECEIVED _____ HOURS FOR VOLUNTEERING WITH THE CITY OF NEW CARROLLTON ON SATURDAY, SEPTEMBER 28, 2018, FOR THE 2018 ANNUAL COMMUNITY DAY EVENT.

VOLUNTEER COMMUNITY SERVICE ON _____

TIME IN: _____ TIME OUT: _____

Approved: _____ Date: _____

By: Volunteer Coordinator

Approved: _____ Date: _____

By: City Clerk or City Administrative Officer